

The lifestyle of women during menopause, the ways of coping with symptoms

(Styl życia kobiet w okresie menopauzy, sposoby radzenia sobie z objawami)

I Brukwicka ^{1,A,D,F}, M Kochman ^{1,B}, A Muzyczka ^{1,B}, Z Kopański ^{2,3,E}, M Lewicka ^{4,C},
M Sulima ^{4,C}, B Bajger ^{1,C}

Abstract – Introduction. Menopause is the beginning of a new phase in the life of every woman. This phase is considered very difficult. It is accompanied by changes in the organism that cannot be influenced by the woman. The symptoms of menopause are caused by the reduced level of oestrogens – hormones produced in the ovaries but operating for many organs. Hormonal disorders cause various physical and mental ailments. A set of symptoms that occur during menopause is called the climacteric syndrome and affects about 90% of women.

Aim of the study. The aim of the study was to assess the lifestyle of women during menopause, the problems which can occur during the above period and the ways of their solution. **Material and methods.** The research was made on the basis of a diagnostic survey, conducted in November 2014 among 100 women, aged 45-60 and living in Jarosław and the suburbs. The average age of women who took part in the study was 50 years. The conducted research was of voluntary character. The study material was a non-standardized questionnaire which developed by the authors.

Conclusions. Among the symptoms during menopause, one can observe hot flashes, headaches, and insomnia. To avoid the aches and pains during menopause, women try to assume a proper diet, take up physical activity, and avoid stimulants. During menopause women also avoid the use of hormone therapy because of the side effects arising from its usage.

Key words - menopause, lifestyle, health.

Streszczenie – Wstęp. Okres przekwitania jest bardzo trudnym czasem w życiu każdej kobiety. Towarzyszą mu zmiany w organizmie, na które kobiety nie mają wpływu. Objawy klimakterium są spowodowane zmniejszonym stężeniem estrogenów – hormonów wytwarzanych w jajnikach, ale działających na wiele narządów. Zaburzenia hormonalne mają wpływ na odczuwanie przez kobiety różnych dolegliwości fizycznych i psychicznych. Zespół objawów, występujących w okresie okołomenopauzalnym, nazy-

wany jest zespołem klimakterycznym i dotyczy około 90% kobiet.

Cel pracy. Celem badań była ocena stylu życia kobiet w okresie klimakterium, problemów i sposobów radzenia sobie z nimi.

Materiał i metoda. Badania, metodą sondażu diagnostycznego, przeprowadzono w listopadzie 2014 roku, wśród 100 kobiet, w wieku 45-60 lat, mieszkających w Jarosławiu i okolicach. Średnia wieku w badanej grupie wynosiła 50 lat. Badania miały charakter dobrowolny. Narzędzie stanowił samodzielnie opracowany, niestandaryzowany kwestionariusz ankiety.

Wnioski. Wśród objawów występujących u kobiet w okresie klimakterium dominują uderzenia gorąca, bóle głowy oraz bezsenność. Celem łagodzenia dolegliwości okresu okołomenopauzalnego kobiety stosują właściwą dietę, unikają używek, dbają o aktywność fizyczną. Kobiety w okresie klimakterium unikają stosowania hormonalnej terapii, gdyż obawiają się występowania skutków ubocznych wynikających z jej stosowania.

Słowa kluczowe - klimakterium, styl życia, zdrowie.

Author Affiliations:

1. The Bronisław Markiewicz State School of Higher Technical and Economical, Jarosław, Poland
2. Faculty of Health Sciences, Collegium Medicum, Jagiellonian University
3. Collegium Masoviense – College of Health Sciences, Żyrardów
4. Department of Obstetrics, Gynaecology and Obstetrical-Gynaecological Nursing, Faculty of Health Sciences, Medical University of Lublin, Lublin, Poland

Authors' contributions to the article:

- A. The idea and the planning of the study
- B. Gathering and listing data
- C. The data analysis and interpretation
- D. Writing the article
- E. Critical review of the article
- F. Final approval of the article

Correspondence to:

Prof. Zbigniew Kopański MD PhD, Collegium Masoviense - College of Health Sciences, Żyrardów, G. Narutowicza 35 Str., PL-96-300 Żyrardów, Poland, e-mail: zkopanski@o2.pl

Accepted for publication: October 11, 2016.

I. INTRODUCTION

Menopause is a stage of life when menstrual cycle ends permanently and women do not have vaginal bleeding for a year. Menopause typically occurs between 45-55 years of age and can be divided into the following periods:

- perimenopause – before the age of 40,
- menopause – last menstrual cycle is between 40-45 years of age,
- post menopause – last menstrual cycle occurs between 55-60 years of age [1].

A lack of produced oestrogen and progesterone causes the cessation of ovulation and menstruation. There are two kinds of factors that accelerate menopause: natural and induced ones. The natural factors are the following: excessive stress, prolonged periods of increased impatience and eating disorders resulted from weight loss, genetic backgrounds, and stimulants. The induced factors cause surgery and chemotherapy or radiotherapy [2].

Climacteric symptoms refer to:

- vasomotor symptoms (hot flashes, headaches, night sweating)
- psychological (tiredness, irritability, lack of concentration, memory disorders, decreased libido, insomnia, mood swings, depression)
- genital organs (vaginal dryness, dyspareunia, atrophic vaginitis, urinary tract infections, genital and urinary incontinence, itching),
- connective tissue (the increased activity of the sebaceous and sweat glands, muscle and joints pain, bone pain, osteoporosis, backaches)

- skin (thickness of the skin, loss of skin elasticity and lubrication near vagina and urinary tract)
- sexuality [2]

In case of troublesome symptoms of perimenopause, one should take into account prophylactic measures which result in the prevention or delay of many health problems. The main component of the above prophylaxis is a regular self-examination of women who are over 40 years of age. That is why it is important to consult the gynaecologist and other doctors during this period [3-5].

In case of bothersome symptoms of perimenopause, one should consider the use of hormone replacement therapy (HRT), which alleviates menopausal symptoms (hot flashes, excessive sweating, palpitations); improves mood, sleep quality, libido, and cognitive functions (memory, concentration); protects against adverse changes in the lipid profile, reduced myocardial contractility, decrease in bone mineral density and changes leading to urinary incontinence; and reduces the risk of such diseases as: colorectal cancer, liver cancer, biliary duct cancer.

In the subject literature one can define four types of hormone replacement therapy:

- oestrogen replacement therapy – it includes estradiol, conjugated equine oestrogen, estriol,
- hormone replacement therapy – oestrogen combined with progestin,
- progestin therapy,
- SERM therapy – selective oestrogen receptor modulator [6]

Use of HRT varies and depends on many factors. The above treatment must be applied for 2 to 5 years. One should be regularly examined by a doctor while using this therapy [7].

Clinical examination is a basis for safe HRT usage (gynaecological examination, cytology, vaginal scan with an assessment of the endometrial and mammography) [1]. Women who suffer from liver diseases, defective blood coagulation, breast cancer, uterine tumours, brain vascular disease, migraine, hypertension, as well as those who are addicted to nicotine and pregnant ones must not use conventional HRT [8].

It should be obvious that HRT usage carries benefits and risks relating to cessation or alleviation of menopause symptoms, such as: hot flashes and night sweating, painful sexual intercourses, headaches, infections of female genital organs, the delayed symptoms of Parkinson's disease, improvement in motor and mental functions [9].

In addition to a wide range of pharmacotherapy usage in order to eliminate the unpleasant effects of menopause, a

physiotherapy is also used. The encouragement of women to improve their physical condition during perimenopause does not only reduce the menopausal symptoms, but also greatly improves the mood. Kinesiotherapy is also a wide range of positive effects on metabolism, endocrine, peripheral circulation and autonomic nervous system. [10]

It is worth mentioning that during menopause proper nutrition is also essential. Women should eat food rich in calcium, that is: milk, yogurt, plums, cheese, etc., as well as vitamin D contained in saltwater fish. It is important to encourage women to eat food of plant origin which is contained in phytoestrogens, the most essential are: isoflavones, lignans, and coumestans. Isoflavones are contained in soybeans, lentils, Italian peas, beans, broad beans and hop, as well as in seeds of wheat, barley and rye. Lignans are found in oil seeds (linseed), in sunflower seeds, flaxseeds, garlic, onions, cherries, pears, apples, rhubarb, and pomegranate fruit. They are also in hoppy beer and red wine. Coumestans are found in seeds of sunflower and soybean sprouts. All phytoestrogens alleviate the symptoms of menopause due to the effects which are similar to female sex hormone. Besides alleviation of menopause symptoms, phytoestrogens also lower blood pressure, protect against osteoporosis, lower blood cholesterol level, have a positive effect on the nervous system, suspend the process of skin sagging and prevent from wrinkles. Phytoestrogens have one big disadvantage – they are weaker than the natural human hormones and the ones used for HRT (1-2% of the capacity). The usage of phytoestrogens is desirable when the symptoms of menopause are not very strong or in case of a supplement to hormone replacement therapy.

The aim of the study was to assess the quality of life of women in the menopause period and scrutinise their problems and the way they are handled.

II. MATERIALS AND METHODS

The study was conducted in November 2014 among 100 women, aged 45-60 and living in Jarosław and the suburbs. The average age of women who took part in the study was 50 years. The research conducted was of voluntary character. The study material was a non-standardized questionnaire which developed by the authors.

The socio-demographic characteristics are presented in Table 1. The age structure analysis indicates that 64% of the study group was aged 45-50, and 36% – aged 51-60. The majority of the participants had secondary education (40%). 60% of participants lived in rural areas and 40%

resided in urban areas. The majority of participants (57%) claimed their financial situation was either moderate or bad.

Table 1. Socio-demographic characteristics of respondents

Factors		%
Age	45-50	64%
	51-60	36%
Education	basic level	12%
	vocational	28%
	secondary	40%
	higher	20%
Place of residence	town	40%
	village	60%
	total	100%
Assessment of financial situation	very good/good	43%
	average bad	57%

III. RESULTS

In order to determine the nutritional status and metabolism of respondents, they were asked a question about BMI. The responses showed that 52% of women had normal weight and therefore – normal BMI. The alarming fact was that 32% of women were overweight (Figure 1).

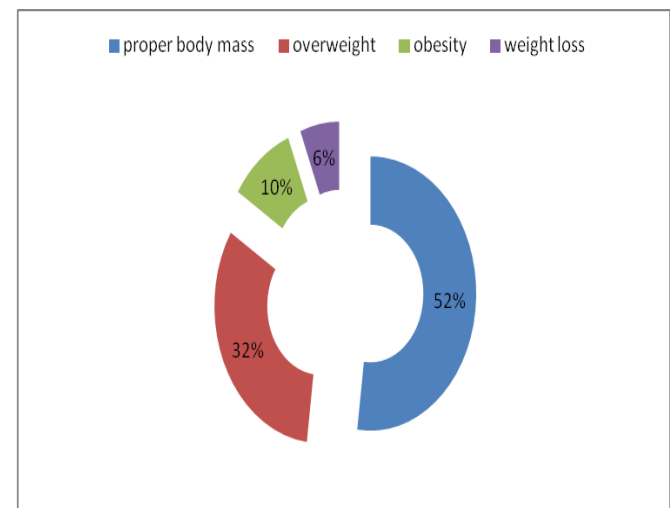


Figure 1. BMI respondents

Figure 2 shows a database on a weight control diet of the respondents. Studies show that only 34% of women kept

following the diet during menopause, the rest of them – 66% did not apply any restrictions while eating.

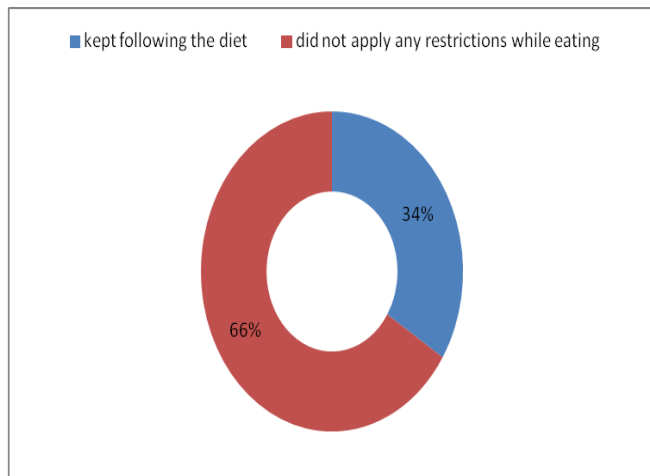


Figure 2. Following the diet by respondents

Figure 3 shows care about physical activity in a group of women surveyed. 72% of respondents indicated that they cared about physical activity, while 28% said they did not care about it.

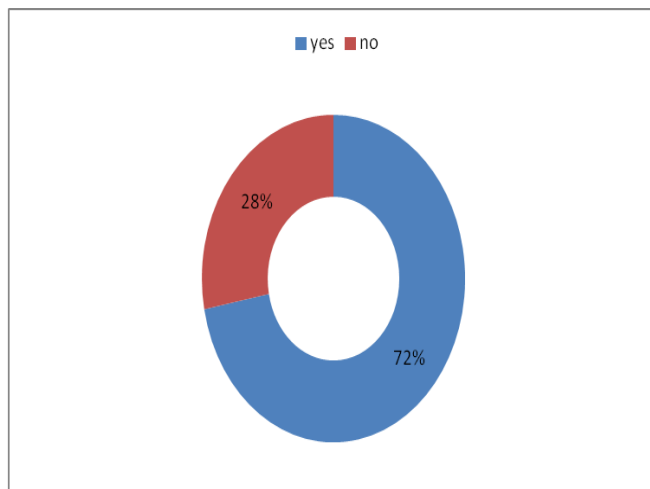


Figure 3. Care about physical activity

To check the type of physical activity, the respondents were asked a question relating to the above subject. 33% of women indicated walking, 25 – running, and 22% of women indicated cycling (Figure 4).

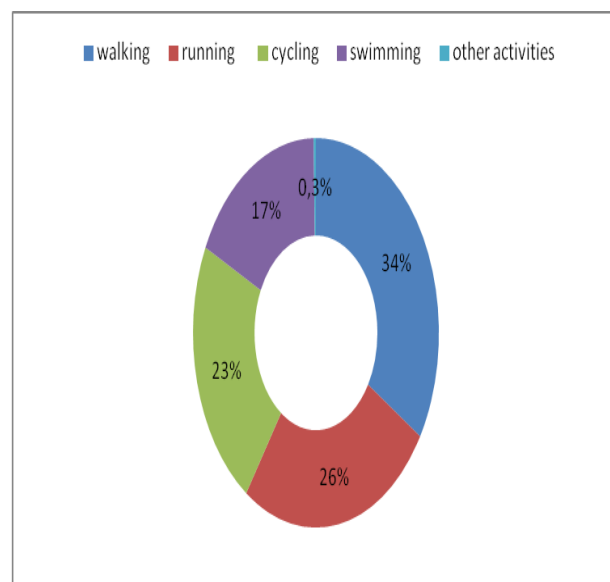


Figure 4. Type of physical activity preferred by respondents

Figure 5 shows the percentage distribution of cigarette smoking women during menopause. The study shows that 38% of women smoked, the rest of the surveyed women – (62%) did not smoke cigarettes.

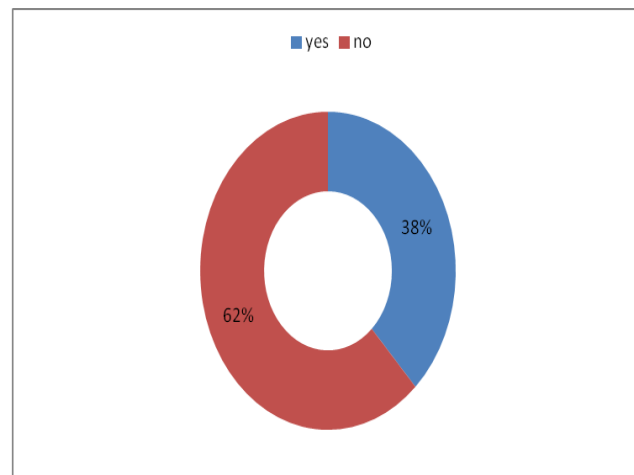


Figure 5. Cigarettes smokers among the respondents

The aim of the study was to define the symptoms of menopause which were the most troublesome for respondents. A list of questions was prepared to study the problems which can occur during the aforementioned period and the respondents were asked to select only the symptoms that they considered to be the most burdensome. According to the respondents, the most troublesome symptom during menopause is hot flashes, indicated by 34% of respondents.

Headaches were the second problem among symptoms that bothered the women during menopause – 18% of women suffered from them. Insomnia was indicated by 16% and excessive sweating by 12%. See details in Figure 6.

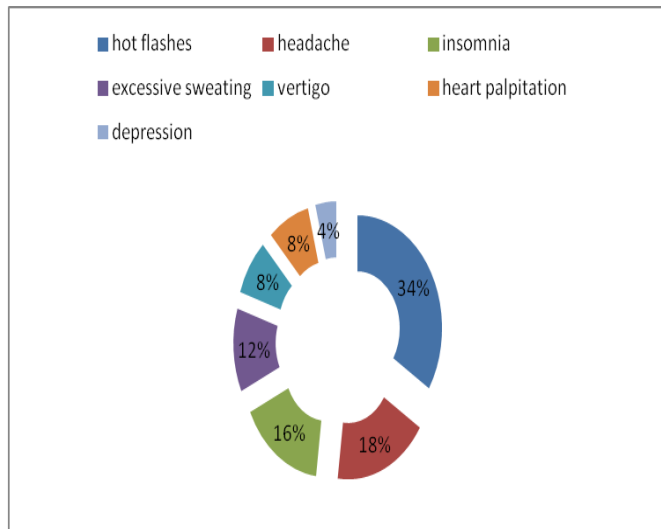


Figure 6. The most bothersome symptoms of menopause

The women were asked to indicate other diseases affected them in the course of menopause. It was observed that 36% of respondents did not have any other diseases, 28% of respondents had essential hypertension and 14% suffered from diabetes (Figure 7).

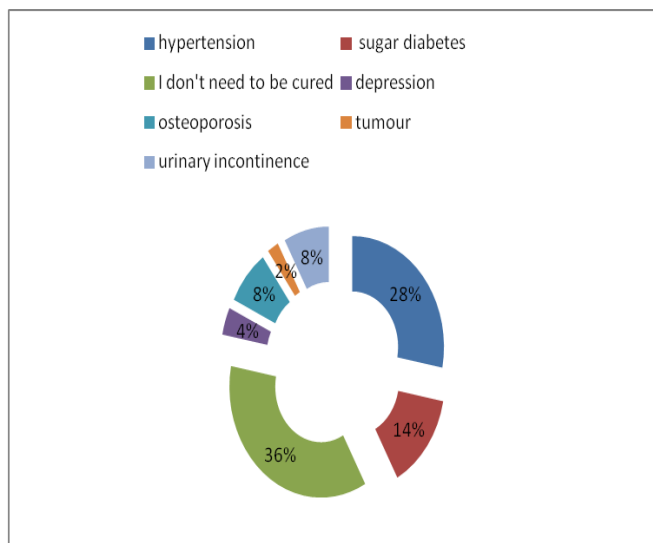


Figure 7. Diseases that occur in the course of menopause

Figure 8 shows the responses concerning the way the women coped with climacteric symptoms. The study shows that

50% of the respondents did not take any measures to relieve the common symptoms, 22% practiced sports, 20% used a short-term symptomatic treatment, while only 8% used HRT.

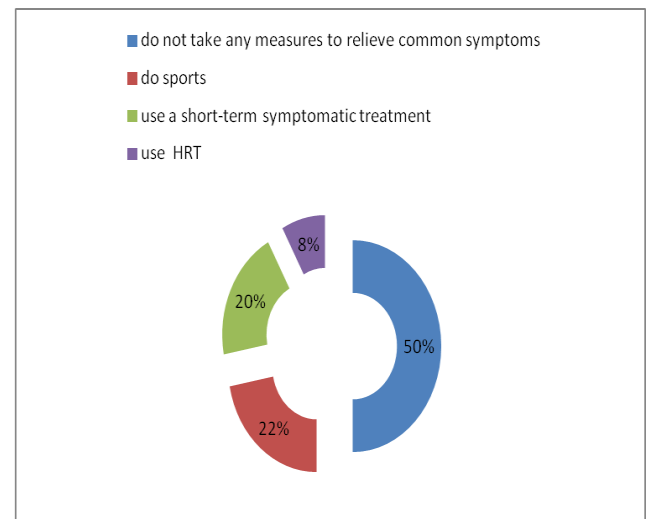


Figure 8. Methods for dealing with troublesome symptoms of menopause

Among the reasons for not applying hormone replacement therapy, 46% of the respondents indicated the fear of side effects and 39% of the interviewed did not want to use this type of therapy because of pharmaceutical prices (Figure 9).

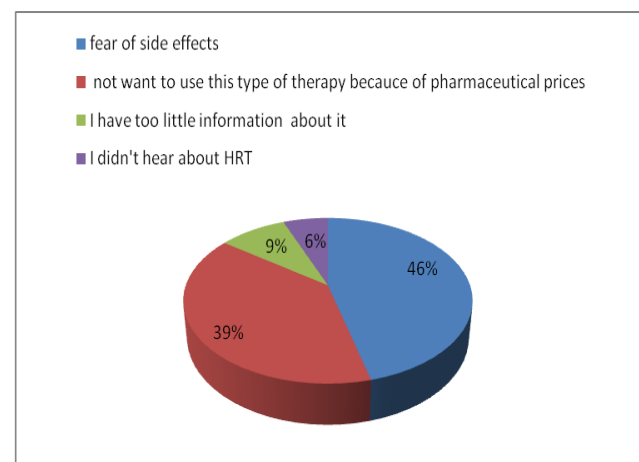


Figure 9. Reasons for not taking hormone replacement therapy by respondents

To obtain information whether respondents use phytoestrogens to alleviate the unpleasant symptoms associated with menopause, the respondents were asked a question about

the existence of certain products in their diet. See details in Figure 10.

Among the most commonly consumed products by the respondents there were apples (90%), onions (70%), garlic (61%) and sunflowers (12%).

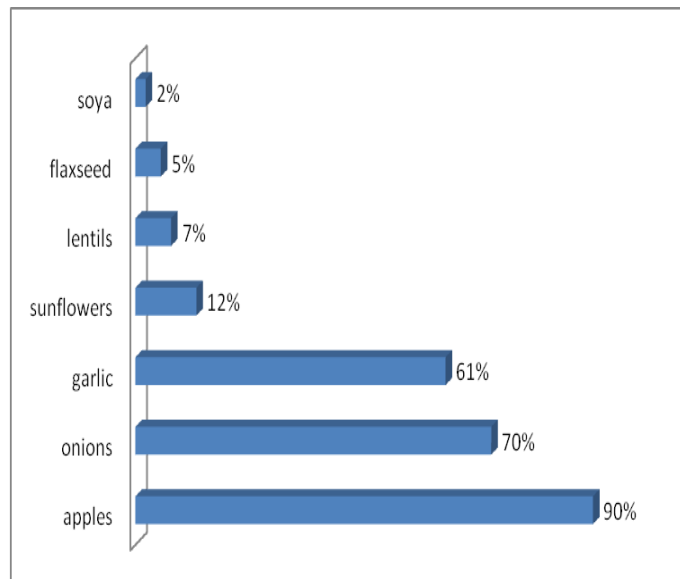


Figure 10. The list of products containing phytoestrogens consumed by respondents

Among the respondents, only 17% of women were aware of the fact that there are hormones of plant origin in consumed products. The rest of the respondents (83%) eat products containing phytoestrogens only out of their eating habits. The results presented in Figure 11.

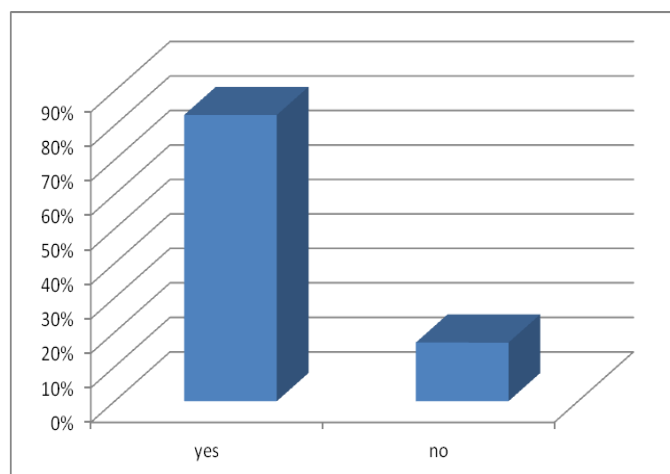


Figure 11. Awareness of respondents about the content of phytoestrogens in consumed products

Changes in sexual life of respondents during menopause are shown in Figure 12. The study shows that 40% of re-

spondents had a decreased desire for sexual intercourse, 32% did not perceive any change, and 22% stopped having sex during menopause. Only 6% of respondents said that there was a greater willingness for intimacy.

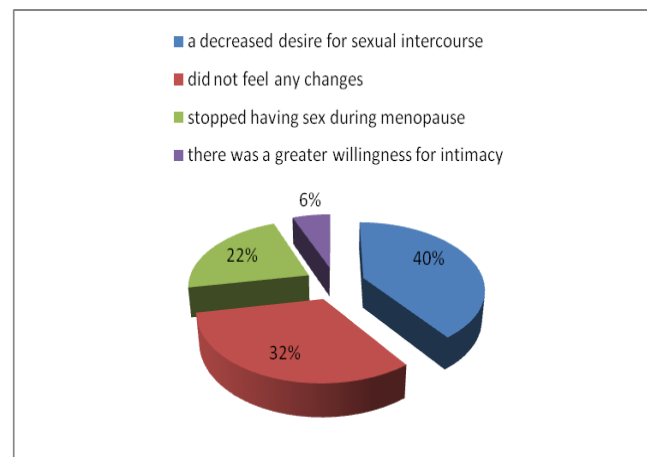


Figure 12. Changes in sexual life of respondents during menopause

IV. DISCUSSION

A perimenopause period is characterized by typical vasomotor, somatic, and psychological symptoms, creating the so-called climacteric syndrome. The above symptoms can affect the daily life of the women, interfere with work, contribute to sleep disorders, and consequently cause chronic fatigue, affecting the overall functioning of the women [11].

Experiencing of menopause symptoms is of individual character and, beyond to hormonal changes, is caused by external factors: a lifestyle, state of health, social functioning, and perception of aging. These factors interact with one another, affecting the perception and evaluation of menopause and quality of life during this period [10]. Stachoń [1] found out that the incidence rate of individual symptoms of menopause varies in successive phases of menopause.

In the study by Wiśniewska et al., [2] the most common symptoms of menopause were hot flashes, with other symptoms of menopause being coped with in a proper way.

The authors' study showed that the most troublesome symptom for menopausal women were hot flashes (34%) followed by headaches (18%), insomnia (16%), excessive sweating (12%), and depression (4%). The analysis of the study by Lewicka et al. [7] showed that mood disorders in perimenopause dominated in women aged 45-50 years and

those with primary education or vocational training. More than half of women who were surveyed suffered from mood swings (71.20%), nervousness (72.0%), depression (57.50%), fatigue (70.0%) and difficulties with concentrating (56.50%). Less than a half of respondents (48.50%) stated that they suffered from excessive excitability. On the other hand, Kanadys and the group [10] showed that about 40% of women had moderate symptoms of depression during perimenopause. According to the authors, psychoprophylactic measures could reduce the incidence of depression and help to improve the lifestyle of women during this period.

It has been observed that women who began to smoke earlier, in comparison to non-smokers, had menopause earlier (on average two years). In addition, the women who smoke more often have menopausal symptoms (hot flashes, sweating, insomnia). The research conducted by Lewicka et al. [7] among 200 women in postmenopausal period showed that 45.0% did not smoke cigarettes at all, 28.0% smoked in the past, while 27.0% were addicted to smoking. The present study shows that smoking was confirmed 38% of women, while the rest (62%) did not smoke cigarettes.

According to Smolarek et al., [8] slower metabolism is a problem at climacteric period. It often leads to gaining weight. In addition, disorders of the gastrointestinal tract are associated with the formation of constipation, which, combined with poor eating habits and low physical activity, results in the slowing down of intestinal peristalsis and development of "lazy bowel syndrome." In Dąbrowska's opinion [9], physical activity is very important for a healthy lifestyle, influencing other habits directly or indirectly. Individually tailored exercise training should include aerobic exercises influencing the cardio-respiratory system. Exercises in the proper range of pulse, which are variable to individuals, depending on the age, physical condition and medicines used, can cause losing excessive fatty tissue, restore or maintain normal body mass index (BMI). Moreover, this form of activity reduces the risk of cardiovascular diseases. The study showed that 72% of respondents cared about physical activity, while 28% said they did not pay attention to it. Among the women who maintained physical fitness, 33% indicated walking, 25% running and 22% indicated cycling as their sports activity.

Kanadys et al. [17] state that fruits and vegetables are important components to the diet of women during menopause, they provide the supply of essential minerals, vitamins, pro-vitamins and dietary fibre. In addition, they normally consist of phytoestrogens (also called isoflavones) that can lead to incidence reduction of menopausal symptoms. The studies conducted by the authors showed that

during menopause women administered in the diet, both fruits and vegetables. Only 17% of surveyed women had knowledge about the content of plant origin hormones in the consumed products. The rest of the respondents – 83% indicated that they ate food containing phytoestrogens because of nutritional habits.

According to Skrzypulec et al. [11], the transformations of perimenopause have a significantly negative impact on some elements of women's lifestyle by enhancing the climacteric symptoms and due to impaired sexual function. The study shows that the decreased interest in sexual activity resulted from age (getting older) and the severity of climacteric symptoms, as well as mood disorders. This study confirmed that 40% of respondents had a lower desire for sexual activity, 32% did not notice any changes, while 22% had no desire for sexual contact during menopause. Only 6% of the respondents claimed to have greater sexual desire.

V. CONCLUSIONS

- Hot flashes, headaches and insomnia are the most common symptoms which women experience during menopause.
- In order to relieve the perimenopause symptoms, women should use proper diet, avoid stimulants, and care about physical activity.
- Women avoid the use of hormone therapy during menopause because of side effects arising from its usage.

VI. REFERENCES

- [1] Stachoń A.J. Ocena odczuwania wybranych objawów w zależności od fazy klimakterium i charakteru menopauzy. *Prz Menopuz* 2013; 4: 315-320.
- [2] Wiśniwewska A, Napierała M, Pezala M, Zukow W. Wpływ aktywności fizycznej na psychomotorykę kobiet w okresie menopauzy. *J Health Sci* 2014; 4(14):257-272.
- [3] Lewicka M, Sulima M, Grabowiec J, Stawarz B, Makara-Studzińska M. Zaburzenia nastroju u kobiet w okresie okołomenopauzalnym. *JPHNMR* 2013, 1: 9-15.
- [4] Stawarz B, Sulima M, Lewicka M, Brukwicka I, Wiktor H. Health and determinants of health - a review of literature, p.I. *JPHNMR* 2014; 2: 4-10.
- [5] Stawarz B, Sulima M, Lewicka M, Brukwicka I, Wiktor H. Health and determinants of health - a review of literature, p.II. *JPHNMR* 2014; 2: 11-16.
- [6] Kanadys K, Bura A, Wiktor H. Analiza wybranych czynników predykcyjnych występowania depresji u kobiet w okresie okołomenopauzalnym. *Pielęg XXI* w 2014; 4(49): 39-43.
- [7] Lewicka M, Bąk M, Kanadys K, Dziaduszek K, Niziołek I, Wiktor H. Korzystanie z używek przez kobiety w okresie klimakterium. *Pielęg XXI* w 2009; 4: 47-52.

- [8] Smolarek N, Zielińska A, Pisarska-Krawczyk M. Wpływ ćwiczeń fizycznych na eliminację dolegliwości związanych z zaburzeniami funkcjonowania układu moczowo-płciowego i pokarmowego. *Gin Prakt* 2010; 1: 12-15
- [9] Dąbrowska J, Naworska B, Dąbrowska-Galas M, Skrzypulec-Plinta V. Rola wysiłku fizycznego w okresie menopauzy *Prz Menopuz* 2012; 6: 445-448
- [10] Kanadys K, Lewicka M, Dziaduszek K, Bąk M, Wiktor H. The evaluation of nutrition of perimenopausal women. W: Olchowik G. (red.). *Wellness and prosperity in different phases of life*. Lublin; NeuroCentrum, 2009: 141-150.
- [11] Skrzypulec V, Naworska B, Drosdzol A. Analiza wpływu objawów klimakterycznych na funkcjonowanie i jakość życia kobiet w okresie okołomenopauzalnym. *Prz Menopuz* 2007; 2:96-101